EVALUATION AND TESTS APPLICATION TO VERIFY SIGNS, SYMPTOMS AND PERCEIVED BODY IMAGE IN PATIENTS WITH EATING DISORDERS ASSISTED AT GRATA-HC-FMRP-USP

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ABSTRACT

Eating disorders (ED) are severe conditions that harm significantly both physical and mental health of an individual. The best known ones, Anorexia Nervosa (AN) and Bulimia Nervosa (BN), present some symptoms in common such as the excessive preoccupation with weight, distortion of body image and a pathological fear of gaining weight (Borges, Sicchieri, Ribeiro, Marchini & Dos Santos, 2006). The mechanism of personal identity is a complex one, having as an important component, the body image. The definition of body image is the illustration one has in mind concerning the body size and shape, as well as the feeling related to these characteristics (Kakeshita, 2008). The chronic dissatisfaction with the body image tends to put a woman in an endless search for the beauty model dictated by society, surpassing the limits of a healthy body care (Coqueiro, Petroski, Pelegrini & Barbosa, 2008). The difficulty for an accurate diagnosis is due to the patient's refusal to search for a professional care, denying being sick or in need of treatment (Sicchieri, Bighetti, Borges, Dos Santos & Ribeiro, 2007). Added to this, is the multifactor origin of the conditions, requiring evaluations and approaches that consider all the aspects involved in it (Kakeshita, 2008). The aim of this study was to evaluate the level of dissatisfaction and body image distortion, as well as the presence of dysfunctional eating attitudes, based on the results of BSQ tests, Silhouette Scales and EAT-26, associating the symptoms to the nutritional state, using an IMC rate (Kg / m^2) of patients from the Group of Assistance to eating disorders at the University of São Paulo Faculty of Medicine Clinics Hospital – USP (GRATA-HC-FMRP-USP). This study had the approval of HCRP at FMRP-USP Ethics Committee of Research, through the process no. 196/96 CNS/MS. The used tests are self applied, being the EAT-26 used to evaluate abnormal eating behavior as a practice of restrictive diets, purge and excessive control of food

ingestion; the BSQ, because it considers the preoccupation with body shape and the weight in the previous four weeks, allows a continuous evaluation of these symptoms during the development, maintenance and response to treatment; and finally, the Silhouette Scale, which evaluates the dissatisfaction with the weight and body image. These tests were filled in by patients in their follow-up visit to GRATA. Fourteen female participants with the average age of 28 years old were evaluated; four (28,6%) of them with a BN diagnosis and ten (71,4%) with an AN diagnosis. The IMC rate pointed nine (64,3%) well nourished, two (14,3%) with moderate malnutrition and one (7,1%) with intense malnutrition; one (7,1%) presented overweight and one (7,1%), moderate obesity. The result was negative to EAT-26 in three (21,4%) of the participants, indicating absence of dysfunctional eating attitudes, while eleven (78,6%) had a positive result to the test. The BSQ evaluation demonstrated that two (14,3%) did not present preoccupation with the body image, one (7,1%) presented moderate preoccupation and ten (71,4%) presented intense preoccupation. The Silhouette Scale pointed dissatisfaction with body image in three (28,6%) participants. Based on the results obtained, it was possible to state that dysfunctional eating attitudes as, a severe restriction to certain types of food, compulsion and/or purge, are related to the excessive preoccupation with weight and body image, what intensifies an endless search for a slim body, taken as the perfect one. The mental perception of “feeling fat” has proved to be more relevant when associated to the eating behavior than top the IMC rate; it is important to highlight that the patients had already been diagnosed with an ED, of any kind, being these symptoms typical to the condition. Due to this, these tests are of extreme importance to help in the pre-diagnosis and also to measure the treatment course when there is an existent diagnosis, providing other strategies to these treatments that prove to be too challenging to the group that treats them (Sicchieri, Bighetti, Borges, Dos Santos & Ribeiro, 2007).

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